

RECEIVED
CENTRAL FAX CENTER
MAR 11 2009

Address to: Mail Stop M Correspondence Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 USA VIA FACSIMILE ONLY 571-273-8300	Application/Patent No.	6,767,556
	Docket No.	P-1061-USA
	Filing/Issue Date	July 27, 2004
	First Named Inventor	Bernard Charles Sherman
	Title:	Pharmaceutical compositions comprising Moexipril Magnesium

THIS FACSIMILE TRANSMISSION CONTAINS A TOTAL OF
2 PAGES
(INCLUDING THIS PAGE)

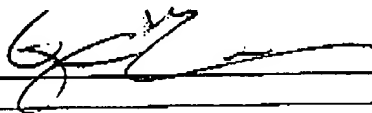
OFFICIAL COMMUNICATION

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this communication having 2 pages in total (1 page of fax cover page; and 1 page of PTO/SB/81; is being facsimile transmitted to the Patent and Trademark Office (571-273-8300) on the date shown below.

Graham J. K. McKinnon
Reg No.: 56,687

Signature



Date

March 11, 2009.

RECEIVED
CENTRAL FAX CENTER

MAR 11 2009

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Approved for use through 11/30/2011. OMB 0851-0035

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	6,767,556
	Issue Date	July 27, 2004
	First Named Inventor	Bernard Charles SHERMAN
	Title	Pharmaceutical Compositions Comprising Moxepiril Magnesium
	Attorney Docket Number	P-1061-USA

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

81399

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified patent to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Inventor, having ownership of the patent.

OR

☐ Patent owner.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Inventor or Patent Owner

Signature		Date	MARCH 6, 2009
Name	Bernard Charles SHERMAN	Telephone	416.749.9300
Title and Company	Inventor and Applicant/Owner		

NOTE. Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.